



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF TAX AND REVENUE
Recorder of Deeds - 515 D Street N.W. Washington DC, 20001 Phone 727-5374**

Real Property Recordation and Transfer Tax Form FP 7/C

Part A -Type of Instrument:

Deed ☐ Tax Deed ☐ Deed of Trust ☐ Trustee Deed ☐ Easement ☐ Modification ☐ Lease ☐
Other: _____

Part B- Property Description/Data/Property Being Conveyed

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ or New Account Needed ☐ Exemption Request ☐
Square Suffix Lot

(For a new lot please mark new lot needed with an X and place the old lot or parent lot SSL# in Boxes)

If more than one lot, list Square Suffix Lots below or attach addendum:

Square and/or Parcel _____ Lot(s) _____
Property Address _____ Unit Number _____
 Street Number Street Name Quadrant

Property Use: Residential ☐ Commercial ☐ Condominium ☐ Apartment ☐
In addition to the use above, is this property being rented? Yes ☐ No ☐

Interest Transferred: Fee ☐ Leasehold Land ☐ Leasehold Improvements ☐ Easement ☐ Other ☐ Interest
Conveyed _____% Does this transfer include Condo Parking: Yes ☐ No ☐ If yes,
What is the Parking Account? - Square _____ Suffix _____ Lot _____

Sale Type: Single/Parcel Improved – Arms Length ☐ , Single/Parcel Vacant – Arms Length ☐ ,
Multiple Parcels – Arms Length ☐ , Not Arms Length ☐

Date of Deed: _____ **Consideration \$** _____ (Part J, Line #1)

Was personal property included in this transfer? Yes ☐ No ☐

If Yes, What Type? _____ Estimated Value \$ _____

Part C - Instrument Submitted by or Contact Person:

Name: _____ Firm: _____
Address: _____

Part D - Return Instrument To:

Name: _____ Firm: _____
Address: Unit# _____ Street # _____ Street Name _____
City _____ State _____ Zip _____ Phone: _____

Part E - Exemption Application

Recordation Tax Yes ☐ No ☐ **Transfer Tax** Yes ☐ No ☐
Reason for Recordation Tax Exemption # _____ Reason for Transfer Tax Exemption # _____

Part F - Grantee Notification:

- 1. Homestead/Senior Deduction** - Is the property being transferred described in Part B, going to be used as an owner occupied residential property by the new owner? Yes ☐ No ☐ Is an application filed with this transfer? Yes ☐ No ☐
- 2. Mixed Use Tax Class** – Will this property be a mixed use property? Yes ☐ No ☐
- 3. Low Income Tax Abatement** – Low income home owners may qualify for a 5 year tax abatement. If you are a low income homeowner you must complete and attach a Low Income Tax Abatement Application. If qualified, the tax abatement will begin for the first tax year following the transfer.

Square _____ Suffix _____ Lot(s) _____

Part G – Grantor (s) Information

Grantor _____	Grantor _____
Grantor _____	Grantor _____
Address _____ Phone: _____	
Grantor Tenancy: Tenants in Common[] Joint Tenants [] Trustee [] Tenants by Entireties [] Sole []	
Grantor - Social Security Number or Federal ID.: _____	

Part H – Grantee (s) Information

Grantee _____	Grantee _____
Grantee _____	Grantee _____
Address _____ Phone: _____	
Grantee Tenancy: Tenants in Common[] Joint Tenants [] Trustee [] Tenants by Entireties [] Sole []	
Interest Acquired _____ Grantee - Social Security Number or Federal ID.: _____	

Part I - Mailing Address for Grantee:(If different from Part H)

Last Name _____ First Name _____ Middle Name _____		
Address: Unit # _____ Street # _____ Street Name _____		
City _____	State _____	Zip _____ Phone: _____

Part J – Consideration and Financing (complete all items - insert zero if no amount)

Cash \$ _____	
First Mortgage \$ _____	
Second \$ _____	
Assumed \$ _____	
Other \$ _____	Construction Loan \$ _____
1. Total Consideration\$ _____	
2. If no consideration, use Assessed Value (See Assessment Roll) ...\$ _____	

Part K – Computation of Tax

1. Recordation Tax: 1.1% of Line 1 or Line 2 Part J =	Recordation Tax Due	\$ _____
2. Transfer Tax: 1.1 % of Line 1 or Line 2 Part J =	Transfer Tax Due	\$ _____
3. Recordation Tax: 1.1% Construction loan (commercial only)		\$ _____
4. Total of Line 1, 2 and 3		\$ _____

Part L - Affidavit (Part A to L)

I/We hereby swear or affirm under penalty of perjury that this return, including any accompanying schedules/documents/and statements, has been examined by me/us and to the best of my/our information, knowledge and belief the statements and representations are correct and true. I/We hereby acknowledge that any false statement or misrepresentations I/We made on this return is punishable by criminal penalties under the laws of the District of Columbia.

Grantor(s)		Grantee(s)	
Typed Name	Signature	Typed Name	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Date _____		Date _____	
Subscribed to and sworn to before me by Grantor(s) this _____ day of _____, 2____.		Subscribed to and sworn to before me by Grantee(s) this _____ day of _____, 2____.	
_____ Notary Public		_____ Notary Public	

THIS INFORMATION IS SUBJECT TO AUDIT WITHIN THREE YEARS OF FILING. PLEASE KEEP ALL SUPPORTING DOCUMENTATION.